



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dlp.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

September 22, 2014

Mr. Steven Doe, Administrator  
Our Lady Of The Meadows  
1 Pinnacle Meadows  
Richford, VT 05476-7637

Dear Mr. Doe

The Division of Licensing and Protection completed the re-licensing survey and complaint investigation at your facility on **September 3, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be isolated deficiencies that constitute an immediate risk to the health and safety of the residents regarding failure to provide emergency medical treatment to a resident who was found unresponsive. You have already received a notice from this office regarding the situation which required immediate corrective action, and you responded appropriately. You must submit a plan of correction for all deficiencies identified. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **October 5, 2014**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.



You may also request an informal review of all or part of the contents of the notice at any time prior to **October 5, 2014** by calling Frances Keeler, RN, MSN, DBA, Assistant Division Director, or Clayton Clark, Division Director at 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 871-3350.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **October 5, 2014**.

#### Appeals

As noted above, you may seek an informal review from Frances Keeler, RN, MSN, DBA, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 14-16 Baldwin Street, Montpelier, VT 05633-4302. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection  
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October 8, 2014

Mr. Steven Doe, Administrator  
Our Lady Of The Meadows  
1 Pinnacle Meadows  
Richford, VT 05476-7637

Dear Mr. Doe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 3, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	OCT 3 14 Licensing and Protection	(X3) DATE SURVEY COMPLETED  C <b>09/03/2014</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OUR LADY OF THE MEADOWS

1 PINNACLE MEADOWS  
RICHFORD, VT 05476

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  The Division of Licensing and Protection conducted investigations of two facility self reports concurrently with a re-licensing survey on 9/3/14. Regulatory violations were cited related to one facility self report and the re-licensing survey, which include a situation that requires Immediate Corrective Action be taken by the Residential Care Home regarding failure to provide Cardiopulmonary Resuscitation (CPR) or contact Emergency Medical Services (EMS) when a resident was found unresponsive (See R126). The facility submitted an Immediate Corrective Action plan to the Licensing Agency and has already begun to correct the situation.	R100		
R126 SS=J	V. RESIDENT CARE AND HOME SERVICES  5.5 General Care  5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide necessary services to meet the nursing and medical needs of 1 of 9 sampled residents regarding treatment of a medical emergency (Resident #10). Findings include:  Per record review on 9/3/14 at 1:55 PM, staff did not provide Cardiopulmonary Resuscitation	R126	(PLEASE SEE ATTACHED)	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

21UM11

If continuation sheet 1 of 7

R126, R145, R165 + R259 POC's accepted 10/7/14 Rivenberg RN/PMC

Division of Licensing and Protection

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R126	<p>Continued From page 1</p> <p>(CPR) or call Emergency Medical Services (EMS) when Resident # 10 was found unresponsive on 7/7/14. Per the Resident's face sheet in the clinical record, the resident was a full code (provide CPR and notify EMS). Per a 7/7/14 progress note by a facility Registered Nurse (RN), the RN was notified by staff at 2:50 PM that Resident # 10 was at a dining room table unresponsive. The RN was unable to get a pulse, apical heartbeat or breath sounds. The RN requested another facility RN to "come over" and h/she agreed the resident had passed away. The RN stated that approximately 20 minutes had passed between her being notified of the resident's unresponsiveness and when the second RN came to assist.</p> <p>The note indicated that Resident #10 had eaten a snack at 2:30 PM, and staff had found him/her unresponsive at 2:45 PM. There is no indication in the clinical record that EMS was called or that CPR was initiated, despite the Resident being a full code. Per interview on 9/3/14 at 3:22 PM with the RN that initially responded and wrote the 7/7/14 progress note, h/she relied on the more experienced RN's judgement that the Resident had expired and that it was too late to do anything. The RN confirmed during the interview that CPR had not been initiated and that EMS had not been called. The RN also stated that Resident #10's code status was unclear and that staff initially could not locate the clinical record to determine code status. Per interview with the facility Nurse Manager (NM) on 9/3/14 at 2:30 PM, the NM stated that if a resident's code status is unclear, residents are presumed to be a full code. The NM confirmed that Resident #10's code status was "Full Code" on the face sheet located in the clinical record. The NM also stated that the facility had not done an internal</p>	R126		

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R126	Continued From page 2  investigation regarding the untimely death. During interview with the facility Administrator on 9/3/14 at 4:15 PM, the Administrator confirmed that any resident is considered a full code unless otherwise directed and that CPR and EMS should be initiated if needed. The Administrator further confirmed that the facility had not conducted an internal investigation of the untimely death.	R126		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)  Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure the plans of care addressed all identified needs and the care and services to meet those needs for 2 of 9 residents reviewed. (Residents #5 and #8) Findings include:  1. Per record review the care plan for Resident #5, who was admitted to the facility on 1/17/12, did not address his/her fall risk status. A progress note, dated 11/2/13, revealed that the resident had been found at 6:30 AM with a 2 inch hematoma of the left forehead and bruising and swelling around the left eye. The note revealed more injuries throughout the morning, including bruising behind the left ear and on the left wrist	R145	(PLEASE SEE ATTACHED)	

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R145	<p>Continued From page 3</p> <p>and right elbow. Although the cause of injuries was unknown at the time, a note, dated 11/4/14, revealed that the resident stated s/he had fallen. A progress note, on 12/24/13 stated that the resident had fallen out of bed at 4:45 AM and was complaining of pain at the back of his/her head. Ongoing progress notes indicated a progressive overall deterioration in Resident #5's general health and condition, however, despite this decline and the previous falls, the care plan did not address the resident's fall risk or identify interventions to reduce the likelihood of further falls. Resident #5 sustained another fall on the evening of 1/12/14 and expired the following day, on the afternoon of 1/13/14.</p> <p>2. Per review, the record for Resident #8, admitted on 12/26/13, had an assessment completed on 1/2/14 that identified the resident's mobility status as independent with use of a walker. Progress notes over the subsequent months indicated a slowly progressive decline in the resident's condition and a note, dated 7/1/14, stated the resident was able to ambulate short distances with a contact guard. Despite the evidence that Resident #8 required further supervision/assistance, at times, with mobility/ambulation, indicating a risk for falls, his/her care plan, dated 8/14, did not address a fall risk, but identified the resident as independent in mobility/ambulation. A progress note on 8/26/14 revealed that Resident #8 had been found lying on the floor in the room of another resident, and was subsequently admitted, that day, to the hospital with a fracture of the hip and shoulder sustained in the fall.</p> <p>During interview, on the afternoon of 9/3/14, the facility Nurse Manager, confirmed that Resident #5 had been at risk for falls, and that the</p>	R145		

Division of Licensing and Protection

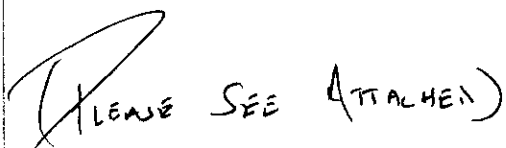
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R145	Continued From page 4  resident's care plan did not reflect the risk or interventions to reduce the risk of further falls. The Nurse Manager also confirmed that Resident #8 had experienced a decline in his/her overall health and condition, resulting in the need for increased supervision and/or assistance with ambulation prior to his/her fall on 8/26/14. S/he further confirmed that Resident #8's care plan did not reflect the fall risk or interventions to reduce that risk.	R145		
R165 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by:	R165	(PLEASE SEE ATTACHED)	



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R165	<p>Continued From page 5</p> <p>Based on staff interviews and record review the facility failed to assure the designated RN (Registered Nurse) was responsible for all aspects of teaching/training designated staff the appropriate knowledge and skills necessary for medication administration. Findings include:</p> <p>During interview, DCS (Direct Care Staff - unlicensed direct care staff member) #2 confirmed that s/he administers medication to residents of the Memory Care Unit within the facility. S/he stated that s/he had received training by DCS #1, who had been previously delegated to administer medications. Both DCS members stated the process for training DCS #2 for medication administration included; DCS #2 observed DCS #1 during medication passes to residents for a period of approximately 1 week. Following the observation period, DCS #1 then observed DCS #2 administer medications to the same residents. Each of the DCS members also stated that the RN also provided some education and made observations of DCS #2.</p> <p>The RN Nurse Manager confirmed, during interview, that the process for training unlicensed DCS for medication administration sometimes includes training by previously delegated, unlicensed staff. S/he stated that s/he does assess the competency/skills of DCS, after their initial training, and that specific education/training related to Insulin administration is always conducted by an RN. The Nurse Manager further stated that, although they attempt to have the medication delegation process and training conducted by RNs, it has not always been possible to accomplish.</p>	R165		

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R259	Continued From page 6	R259		
R259 SS=E	VII. NUTRITION AND FOOD SERVICES	R259		
	<p>7.3 Food Storage and Equipment</p> <p>7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to store poisonous compounds in a separate, locked compartment within the food storage area. Findings include:</p> <p>Per observation on 9/3/14 at 9:50 AM, the bottom shelf of a three-shelf storage area in the dry storage room contained Clorox bleach, Dawn and Cascade dishwashing liquids and gallon jugs of a liquid drying aid. The top two shelves contained food products. This observation was confirmed by the Kitchen Supervisor on 9/3/14 at 10:03 AM.</p>			

Our Lady Of The Meadows  
Plan Of Correction  
Residential Care Home State Survey  
September 3, 2014

R126

**Action:**

All Nursing Staff and staff responsible for Medication Administration at Our Lady Of The Meadows Residential Care Home will be thoroughly instructed by a Registered Nurse as to the proper course of action if a resident experiences a Cardiac or Respiratory Event (Please see Attachment A). These same individuals will have signed off signifying that they have attended this training on or before September 11, 2014. (Please see Attachment B)

All RN's have received this training from the RN Nurse Manager as of September 9, 2014 (Please see Attachments B-1, B-2 & B-3)

This training includes but is not limited to the following:

- Steps to be taken when a Resident is experiencing a Cardiac or Respiratory Event.
- Define the difference between FULL CODE Status and DNR Status.
- How to quickly identify if a Resident is FULL CODE or has a DNR
- What to do if a Resident is FULL CODE...
- What to do if a Resident has a DNR...
- What to do if it is unclear as to the Resident's Code Status
- Provide copies and thoroughly review revised "Emergency Response Guidelines" (Please see Attachment C)

Additionally, All Direct Care Staff at Our Lady Of The Meadows Residential Care Home will be thoroughly instructed by a Registered Nurse as to the proper course of action if a resident experiences a Cardiac or Respiratory Event. (This training will cover those items listed above). These individuals will sign off signifying they have attended this training as of September 17, 2014.

All Resident "Code Status" lists have been updated and placed on each Medication Administration Cart on the first page of the Medication Cardex. All completed DNR forms have been placed in the front of Medical Chart for the respective Resident for easy access (Please see Attachment D).

All Admission Service Agreements have been updated to include the DNR form. This will insure that the "Code Status" of the new resident will be identified upon admission. Nursing and Administrative Staff responsible for admitting residents into the home are responsible for clearly documenting the "Code Status" for the new resident. This will include updating the "Code Status" list on each Medication Administration Cart and placing the "Code Status" symbol on the Resident's Biography located next to the resident's bedroom door. If there is any question as to the new resident's "Code Status" they will be identified as FULL CODE.

Our Lady Of The Meadows  
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**Measures:**

The Administrator and Nurse Manager will insure that the "Code Status" of any new resident, upon admission, will be clearly documented. This will include updating the "Code Status" list on each Medication Administration Cart as well as placing a "Code Status" symbol on the Resident's Biography located next to the resident's door.

The Nurse Manager and Human Resource Coordinator will insure that all new Direct Care Staff will be trained by a Registered Nurse as to the proper course of action if a resident experiences a Cardiac or Respiratory Event. (This training will consist of the material included in Attachments A, B & C). These individuals will sign off signifying that they have attended this training within 72 hours of being hired.

**Monitoring:**

The Administrator and Nurse Manager will monitor the "Code Status" of each new and existing resident to insure that this status is clearly documented at all times. This will include:

- Documenting and updating all Resident "Code Status" lists on each Medication Administration Cart on the first page of the Medication Cardex.
- Placing and updating the "Code Status" symbol on Resident's Biography located next to the resident's bedroom door if the resident is identified as FULL CODE.
- Insuring that all completed Resident DNR forms are up to date and have been placed on the first page of the Resident's Medical Chart.

The Nurse Manager and Human Resource Coordinator will monitor training of all new and existing staff to insure that all training regarding the proper course of action if a resident experiences a Cardiac or Respiratory Event has been completed in a timely manner and that staff have signed off stating that they have received said training. (This training will consist of the material included in Attachments A, B and C)

Our Lady Of The Meadows  
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R145

**Action**

On 11/4/14 a Half Bed Rail was placed on the bed of Resident #5 as stated in a Nurse Progress note dated 11/4/14 (Please see Attachment E).

On 1/23/14 a Risk for Falls Form was completed indicating that Resident #8 was a High Risk of falling (Please see Attachment F). This assessment identified confusion and getting up independently as risk factors. Appropriate interventions were identified such as Resident #8 using her walker with supervision and to insure that Resident #8 was wearing her glasses. The direct care staff were made aware of these interventions by the Licensed Nursing Staff on 1/23/14.

On or before 10/01/2014 all current residents assessed as a "High Risk" of falling will have a Fall Risk Care Plan, including risk factors and approaches to help reduce the risk of falling. The Licensed Nursing Staff will continue to inform the Direct Care Staff about these plans and will insure that they are readily available to all Direct Care Staff.

**Measures**

The Registered Nurse Manager will insure that a written plan of care for each new and existing resident will be developed that is based on the resident's abilities and needs as identified in the resident assessment. The plan of care will be updated as changes in abilities arise and will describe the care and services necessary to assist the resident to maintain independence and well-being.

**Monitoring**

The Registered Nurse Manager will monitor this practice to insure that all care plans are up to date and are based on the resident's abilities and needs as identified in the resident assessment.

R165

**Action**

On 9/28/14 the Medication Policies and Procedures were revised to clearly indicate that only a licensed Registered Nurse is responsible for teaching the staff designated for medication administration all appropriate knowledge and skills necessary for properly administering medications and will provide the appropriate information about the resident's condition, relevant medications and potential side effects (See Attachment G). This training will include utilizing a Medication Administration Checklist requiring the facility Registered Nurse and delegated staff to sign off indicating the completion of this training (Please See Attachment H).

On or before 10/08/14 a facility Registered Nurse will review and demonstrate all appropriate knowledge and skills necessary for properly administering medications and

Our Lady Of The Meadows  
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Residential Care Home State Survey  
September 3, 2014

providing the appropriate information about the resident's condition, relevant medications and potential side effects with each staff responsible for Medication Administration. This will include utilizing a Medication Administration Checklist requiring the facility Registered Nurse and delegated staff to sign off indicating the completion of this training.

**Measures**

The Registered Nursing Manager will insure that a facility Registered Nurse will personally instruct each staff responsible for Medication Administration to insure that they have all appropriate knowledge and skills necessary for properly administering medications and providing the appropriate information about the resident's condition, relevant medications and potential side effects.

**Monitoring**

The Registered Nurse Manager will monitor this practice to insure that a facility Registered Nurse will personally instruct each staff responsible for Medication Administration to insure that they have all appropriate knowledge and skills necessary for properly administering medications and providing the appropriate information about the resident's condition, relevant medications and potential side effects.

R259

**Action**

On 9/3/14 the poisonous compounds were removed from the food storage area and placed in a separate location outside of the food storage area.

**Measures**

Food Service Manager has instructed all food service staff that all poisonous compounds are to be stored in a separate location outside of the food storage area.

**Monitoring**

The Administrator and Food Service Manager will monitor this practice to insure that this deficiency does not reoccur.

## CODE STATUS

### FULL CODE (CPR) VS DO NOT RESUSCITATE (DNR)

Definitions:

**Code status**- this is the person's decision regarding treatment if they experience a cardiac event (they have no pulse) or a respiratory event (they stop breathing). This decision is made by either the resident, if competent, or by their representative, often times a family member, who has been authorized to make decision for the resident.

**Full code**- this means that the resident or their representative wants CPR performed in the event they experience a cardiac or respiratory event.

**DNR**- this stands for do not resuscitate. This means the resident or their representative does not want CPR performed if have a cardiac or respiratory event.

**CPR**-stands for cardiopulmonary resuscitation. This is a combination of techniques such as chest compressions, rescue breaths and defibrillation and the activation of the emergency medical service (EMS) that are performed in an attempt to restart the heart if it has stopped. Activation of EMS occurs by calling 9-1-1.

## ATTACHMENT A (pg 2 of 2)

Every resident at Ave Maria CCH, Inc. has a code status clearly defined in their medical record. In the event that a resident has no pulse or is not breathing it is important to know where to locate their code status quickly. Each resident who has chosen a "full code" status, meaning they want CPR, has a red heart (see below) clearly marked on the spine of their chart. There is also a list of every residents' code status on the first page of the kardex.



You can quickly determine the resident's code status by looking for this symbol on the spine of the chart in the med room. If the symbol is present this indicates the resident is a full code you must **FIRST** activate EMS by calling 9-1-1. The same symbol can be found on the plaque located outside each resident's room. There is also a list of each resident's code status on the first page of the mar, located on the med cart.

**NEXT** you must begin CPR if you have been properly trained to do so. If you have not been trained asked for the assistance from another, trained staff member. The 9-1-1 dispatcher can also talk you through the process so keep them on the phone until the ambulance arrives.

**AFTER** EMS has been activated and CPR has been started, contact our on-call nurse, if not already present.

If a resident is found to have had a cardiac or respiratory event and there is no heart symbol on the spine of the chart or on the plaque outside the resident's room then they are a DNR order, indicating that the resident or authorized representative has chosen to not have CPR performed. If this occurs and the nurse is not physically present in the building, you must **FIRST** activate EMS by calling 9-1-1. You should **THEN** notify the on-call nurse.





ATTACHMENT B (pg 1 of 1)

***Ave Maria Community Care Homes, Inc.***

*~Dedicated to Caring~*

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**Employee Sign-Off Sheet**

I acknowledge that as a member of the direct care staff team, I have received training, by an RN regarding Full Code vs. Do Not Resuscitate (DNR). I have reviewed the Emergency Guidelines Policy about Code Status and I understand that it is my responsibility to follow this policy.

---

Employee Name (please print)

---

Employee Signature

---

Date

---

Training RN Signature

---

Director of Nursing Signature

# Emergency Response

## Emergency

### GUIDELINES

Each staff member is an important part of the emergency response team. Your actions can give the resident the best chance for recovery. You need to know:

1. How to recognize an emergency situation.
2. How to get help.
3. What to do until help arrives, and what NOT to do.

#### Things to do in a medical emergency:

- Stay calm.
- Immediately notify an On-Site Nurse or the staff member responsible for Medication Administration that there is a Medical Emergency and inform them of the Emergency's Location.
- Reassure the resident as you work, and talk to him or her even if you think they are not conscious.
- Check to see if the resident is experiencing a Cardiac or Respiratory Event. If so, attend to these problems **FIRST**.
  - Determine the resident's "CODE STATUS". A list of each resident's code status is kept on each medication cart on the first page of the Medication Cardex and a "Code Status" symbol is on the resident's biography located next to their bedroom door.



This symbol on resident's biography located next to the resident's bedroom door signifies that the Resident is **FULL CODE!**

- If the resident is **FULL CODE** and is experiencing a Cardiac or Respiratory Event, this requires immediately performing CPR and the "On-Site Nurse or staff member responsible for Medication Administration to call "911" or instruct someone else to do so.

## Emergency Response

### Emergency

- If the resident has a Do Not Resuscitate Order (**DNR**), this requires and the “On-Site Nurse or staff member responsible for Medication Administration to call “911” and instructing the Emergency Vehicle Crew upon arrival, that the resident has a **DNR**. It will also be necessary to provide a copy of the resident’s COLST form indicating a Do Not Resuscitate Order for the Emergency Vehicle Crew to review. It is not required that you perform CPR on a resident who has a **DNR**.
- If you are unsure as to the resident’s “CODE STATUS”, treat the situation as if they are **FULL CODE**.
- Stay on the phone with the “911” Dispatcher until the Emergency Vehicle Crew Arrives.
- Control any bleeding you see
- Find out as much as you can about what happened so you can tell the emergency vehicle crew.
- If the emergency occurs after hours and is NOT a Cardiac or Respiratory Event, the On-Call Nurse will be called immediately and will instruct the staff member responsible for Medication Administration as to the proper course of action.
- The On-Site Nurse or the On-Call Nurse will call the Resident’s family immediately.

#### Things NOT to do in a medical emergency:

- Move the resident (unless necessary to get him or her out of further danger).
- Shout or panic; it will scare the residents and others in the area.
- Give the resident anything to eat or drink.
- Remove any foreign object from the body.
- Do anything you are not trained to do.

## Emergency Response

# Emergency

### Things to do in a non-medical emergency:

- Evaluate the situation.
- Remove residents or others from danger.
- Take action appropriate to the emergency (such as fire, weather emergency, power failure, bomb threat, etc.).

### Things NOT to do in a non-medical emergency:

- Panic (keep yourself calm so that you can keep others calm).
- Leave the scene.
- Fail to think of the resident first.

### Advance Directives

Advance directives are documents signed by the resident that describe wishes regarding medical care if resident is unable to communicate. Three types of directives are:

- **Do Not Resuscitate:** A specific advance directive stating that a resident does not want cardiopulmonary resuscitation (CPR) in the event that her heart stops beating and she stops breathing.
- **Durable Medical Power of Attorney:** A specific advance directive that allows a resident to appoint another competent person to make healthcare decisions for them if they are unable to make decisions for themselves.
- **Living Will:** A document that a resident writes while they are mentally competent. A living will states the person's wishes about withdrawing or withholding life-sustaining procedures if they become terminally ill.

## Emergency Response

# Emergency

### TIPS

- Document sequence of events.
- Be sure that emergency phone numbers are posted in a prominent place.
- Always report any medical incident to your supervisor.
- Be sure to use the appropriate forms. Include the following information:
  - Date and time of the emergency
  - Location of the emergency
  - Condition of the resident
  - Complaints of the resident before and after the incident
  - Any actions taken
- When you call 911:
  - Only call 911 if you have been instructed to do so by a nurse.
  - Be sure to speak clearly and slowly. Identify yourself and your location.
  - Answer all the questions the emergency operator asks.
  - Do not hang up until the emergency operator tells you to.
  - Refer to "Procedure for calling 911"

## HIPAA PERMITS DISCLOSURE OF COLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

**DNR/COLST****CLINICIAN ORDERS****for DNR/CPR and OTHER LIFE SUSTAINING TREATMENT**

Patient Last Name

Patient First/Middle Initial

Date of Birth

**FIRST** follow these orders, **THEN** contact Clinician.**(If patient/resident has no pulse and/or no respirations)****A****DO NOT RESUSCITATE (DNR)****CARDIOPULMONARY RESUSCITATION (CPR)**
☐ **DNR/Do Not Attempt Resuscitation**  
 (Allow Natural Death)

☐ **CPR/Attempt Resuscitation**
**For patient who is breathing and/or has a pulse, GO TO SECTION B - G, PAGE 2 FOR OTHER INSTRUCTIONS. CLINICIANS MUST COMPLETE SECTIONS A-1 THROUGH A-5****A-1 Basis for DNR Order**

Informed Consent - Complete Section A-2

Futility - Complete Section A-3

**A-2 Informed Consent**

Informed Consent for this DO NOT RESUSCITATE (DNR) Order has been obtained from:

Name of Person Giving Informed Consent (Can be Patient)

Relationship to Patient (Write "self" if Patient)

Signature (If Available)

**A-3 Futility (required if no consent)**
☐ I have determined that resuscitation would not prevent the imminent death of this patient should the patient experience cardiopulmonary arrest. Another clinician has also so determined:

Name of Other Clinician Making this Determination (Print here)

Signature of Other Clinician

Dated: \_\_\_\_\_

**A-4 Facility DNR Protocol (required if applicable)**This patient is ☐ is not ☐ in a health care facility or a residential care facility.

Name of Facility: \_\_\_\_\_

If this patient is in a health care facility or a residential care facility, the requirements of the facility's DNR protocol have been met. \_\_\_\_\_ (Initial here if protocol requirements have been met.)

**A-5 DNR Identification (optional)**

I have authorized issuance of a DNR Identification (ID) to this patient. Form of ID: \_\_\_\_\_

**A-6 Clinician Certifications and Signature for CPR/DNR (required)**

I have consulted, or made an effort to consult with the patient and the patient's agent or guardian.

Patient's Agent or Guardian \_\_\_\_\_ Address or Phone \_\_\_\_\_

I certify that I am the clinician for the above patient, and I certify that the above statements are true.

Signature of Clinician

Printed Name of Clinician

Dated: \_\_\_\_\_

**GIVE COPY TO PATIENT AND REPRESENTATIVE****SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED**Certification and  
signature for DNR

ATTACHMENT G  
(Pg 2 FROM MED. ADMIN. PROCEDURES)

**The Registered Nurse is responsible for the following:**

1. For those residents incapable of self-administration of medications, an RN will perform an assessment of the resident's medication needs as required and include a review of the resident's diagnosis, medications, dietary concerns, allergies, bowel and bladder function, psychosocial concerns and appropriate therapies, and develop a care plan for the staff.
2. Ongoing assessments for the resident's condition that may lead to changes in medication.
3. A facility Registered Nurse will personally instruct each staff responsible for Medication Administration to insure that they have all appropriate knowledge and skills necessary for properly administering medications by providing the appropriate information about the resident's condition, relevant medications and potential side effects. The Registered Nurse will be responsible for personally evaluating staff performance/competence, documenting each individual's progress and noting the successful completion of a medication administration program by utilizing the Medication Administration Checklist. Both the Registered Nurse and the designated staff will sign off that this training has been successfully completed and a copy will be kept in the Medication Room.
4. Delegating the responsibility of the administration of medications to designated unlicensed staff who have successfully completed the Medication Administration Training.
5. Establishing a process for routine communication with designated staff about the resident's condition and effect of medications, as well as changes in medications.
6. As appropriate, teach designated staff proper techniques of insulin administration to include a return demonstration of competency and documenting each individual's progress and successful completion of the program.

**Individuals being considered for medication administration training must meet the following criteria:**

1. Be 18 years of age.
2. Be employed by Ave Maria, for a minimum of 3 months.
3. Be able to read medication instructions and specific instructions from the nurse and be able to document pertinent observations in the resident's record.
4. Must demonstrate familiarity with the residents of Ave Maria, and the physical environment of Ave Maria.
5. Must demonstrate how, why, and when a medication is to be administered.

# Medication Administration Training Checklist

RN

Staff member

Reviewed medication policies and procedures		
Able to state the 5 rights of medication administration		
Observed medication administration by RN		
Performed medication administration with RN observing		
Documentation of medication administration completed appropriately		
Properly identified each resident prior to administering medications		
Able to identify indication for each medication given		
All medications properly administered		
PRN medications properly administered and documented per policy		
Identify location of drug handbook for reference		
Reviewed key side effects for each medication		

Staff Name \_\_\_\_\_ Date \_\_\_\_\_

RN Name \_\_\_\_\_ Date \_\_\_\_\_